	TE / OFFICEHOLDER N FINANCE REPORT	R ,	FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how to complete this form	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS(MR) FIRST JEFF	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received RECEIVED
4 0411515455	Cheney ADDRESS (MORRY)	CITY: STATE: ZIP CODE	JAN 1'3 20089
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #;	_	City Secretary's Office
ADDRESS Change of Address	4783 Preston Qd #1	00 Fasco Tx 75034	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER (214) 707 7320	EXTENSION	Receipt # Amount
6 CAMPAIGN	(2H) 707 7320 MS (MRS)MR FIRST	Mi	Date Processed 9:54am
TREASURER NAME	NICKNAME Sheila		Date imaged)
	Elliott		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT/SI	, ,	ZIP CODE
(Residence or business) 8 CAMPAIGN	AREA CODE PHONE NUMBER	Frisco TX 750 EXTENSION	5/472
TREASURER PHONE	(972) 678-0117		
9 REPORTTYPE	January 15 30th day before elect	ion Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	en Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	OUGH O Month Day	/2009
11 ELECTION	ELECTION DATE ELECTION T Month Day Year	YPE	
	Primar	y Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	m)
14 NOTICE	CITY Councin, Place		
OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign Candidates are required to disclose this information. Name		
INDIVIDUALS			
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL	may have been made	tlce of political expenditures by political committees to support the cand a wilhout the candidate's or officeholder's knowledge or consent. Candidate they receive notice of such expenditures.	idate / officeholder. These expenditures ales and officeholders are required to report			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6			
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 6			
	4. TOTAL	POLITICAL EXPENDITURES	\$ Ø			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOPING PERIOD	\$ 6			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	s Ø			
19 AFFIDAVIT						
	M ESTELA BARR Notary Public, State My Commission E December 14, 2	is true and correct and includes all leads to true and correct and cor	perjury, that the accompanying report information required to be reported by			
		Stinature of Candi	idate or Officeholder			
AFFIX NOTARY STAMP	/ SEAL ABOVE					
Sworn to and subscrib	Sworn to and subscribed before me, by the said Jeff Chaney , this the 13th day					
	of family, 20 09, to certify which, witness my hand and seal of office.					
VM Jeste	la Darrix	M. Estela Bassesa D.	R. Homin HSST			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

POLITICAL CONTRIBUTIONS

SCHEDULE A

	OTHER THAN PLEDGES OR LOANS								
	The Instructi	on Guide explains how to complete this form.	1 Total pages Schedule A:						
2	FILER NAM	ΙΕ		3 ACCOUNT# (Eth	ilcs Commission filers)				
4	Date	5 Full name of contributor ☐ out-of-state PAC (iD#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
		6 Contributor address; City; State; Zip Code			 				
				(if travel outside o	l of Texas, complete Schedule T)				
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)					
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
		Contributor address; City; State; Zip Code							
				(if travel outside o	f Texas, complete Schedule T)				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)						
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
		Contributor address; City; State; Zip Code							
				<u> </u>	f Texas, complete Schedule T)				
gostro-záko	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)					
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)				
		Contributor address; City; State; Zip Code							
				(if travel outside o	f Texas, complete Schedule T)				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)						
	Dale	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	i	Contributor address; City; State; Zip Code							
				(If travel outside o	f Texas, complete Schedule T)				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)						
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.								

PLEDG	SED CONTRIBUTIONS			SCHEDULE B			
The Instru	ction Guide explains how to complete this form.		1 Total pages this Schedule B:				
2 FILER NAI	ΜE	3 ACCOUNT# (Eth	nics Commission filers)				
4 тот	AL OF UNITEMIZED PLEDGES:		\$	\$			
5 Date	6 Full name of pledgor	8 Amount of pledge (\$)	9 In-kind description (if applicable)				
10 Principal occi	upation / Job title (See Instructions)	11 Employer (See I		of lexas, complete activities if			
Date	Full name of pledgorout-of-state PAC (ID#:, Pledgor address; City; State; Zip Code		Amount of pledge (\$)	in-kind description (If applicable)			
			<u> </u>	of Texas, complete Schedule T)			
Principal occu tions)	upation / Job title (See Instruc-	Employer (See Ir	nstructions)				
Date	Full name of pledgor out-of-state PAC(ID#	,	Amount of pledge (\$)	In-kind description (if applicable)			
				of Texas, complete Schedule T)			
Principal occi	ipation / Job title (See Instructions)	Employer (See fr	astructions)				
Date	Full name of pledgor		Amount of pledge (\$)	in-kind description (if applicable)			
Deinging near	notion Lish title (Con Instructions)			f Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See In	istructions)				
Date	Full name of pledgorout-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)			
Principal occu	pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)					
If o	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

LOANS				SCHEDULE E
The Instruction	n Guide explains how to complete this form	n.	1 Total pages Scho	edule E:
2 FILER NAME			3 ACCOUNT# (Et	hics Commission filers)
4 TOTA	AL OF UNITEMIZED LOANS: ⇒	· · · · · · · · · · · ·	⇔ ⇔	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; Zi	ip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupatio	on / Job title (See Instructions)	13 Employer (See In	structions)	<u></u>
14 Description of Collate	eral			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
☐ not applicable	17 Guarantor address; City; State; Zip	p Code		
19 Principal Occupation	21	:0 Employer		
Date of loan	Name of lender	out-of-state PAC (ID#;		Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip	o Code		Interest rate
Y N				Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	ons)	
Description of Collate	eral	STATE AND ASSESSMENT OF THE STATE ASSESSMENT OF THE ST	CONTRACTOR OF THE STATE OF THE	and the state of t
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
☐ not applicable	Guarantor address; City; State; Zip	p Code		
Principal Occupation		Employer		
If lend	ATTACH ADDITIONAL COPI			aulrements.

	POLITIO	SCHEDULE F		
	The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule F:
2	FILER NAMI	E		3 ACCOUNT # (Ethics Commission filers)
4	Date	5 Payee name		7 Amount (\$)
		6 Payee address; City; State; Zip Code		
8	required.)	rment (See instructions regarding type of Information	9 · · Complete if di Candidate / Officeholder n	rect expenditure to benefit C/OH ** ame Office sought Office held
Steen	(If travel outsid	e of Texas, complete Schedule T)		
	Date	Payee name	·	Amount (\$)
		Payee address; City; State; Zip Code		
- LW304	required.)	rment (See Instructions regarding type of information	•• Complete If dir Candidate / Officeholder n	ect expenditure to benefit C/OH ** ame Office sought Office held
Cessoos	(If travel outside	e of Texas, complete Schedule T)		
	Date	Payee name		Amount (\$)
		Payee address; City; State; Zip Code		
	required.)	ment (See instructions regarding type of information de of Texas, complete Schedule T)	Complete if dir Candidate / Officeholder n	ect expenditure to benefit C/OH ** ame Office sought Office held
	Date	Payee name		Amount
				(\$)
		Payee address; City; State; Zip Code		
	Purpose of pay- required.)	ment (See Instructions regarding type of Information	•• Complete if dir Candidate / Officeholder n	ect expenditure to benefit C/OH ** ame Office sought Office held
	(If travel outside	o of Texas, complete Schedule T)	ANTONIO DE LA CONTRACTOR DE LA CONTRACTO	
		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED

	POLITIC MADE I		SCHEDULE G					
	The Instruct	tion Guide explains how to complete this form.	1 Total pages Sche	edule G;				
2	FILER NAMI		3 ACCOUNT# (Eth	hics Commission filers)				
4	Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)					
		7 Purpose of expenditure (See Instructions regarding type of Information requ (if travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended				
	Date		Amount (\$)					
		Purpose of expenditure (See Instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended				
	Date	Payee name 	Amount (\$)					
		Purpose of expenditure (See Instructions regarding type of Information requ (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended				
***	Date	Payee name Payee address; City; State; Zip Code		Amount (\$)				
		Purpose of expenditure (See Instructions regarding type of Information required (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended				
	Date	Payee name		Amount (\$)				
		Purpose of expenditure (See instructions regarding type of information requ	ilred.)	Reimbursement from political contributions Intended				
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED							

	NT FROM POLITICAL CONT USINESS OF C/OH	RIBUTIONS		SCHEDULE H
The Instruct	tion Guide explains how to complete this form.		1 Total pages Sch	edule H:
2 FILER NAME	<u> </u>		3 ACCOUNT# (E	thics Commission filers)
4 Date	5 Business name	ANTI-ANDRONIS ANTICONO POR PORTA ANTICO	- 1 Marie - An Artistant Activitation (Activitation Control of Con	7 Amount (\$)
	6 Business address; City; State; Zip Code			
8 Purpose of pay- required.)	I ment (See instructions regarding type of information	9 •• Complete Candidate / Officehol	e if direct expenditure ider name	to benefit C/OH •• Office sought Office held
(If travel outside	of Texas, complete Schedule T)			
Date	Business name			Amount (\$)
	Business address; City; State; Zip Code			
required.)	ment (See instructions regarding type of Information of Texas, complete Schedule T)	⁴ Complete Candidate / Officehol	if direct expenditure der name	to benefit C/OH ** Office sought Office held
Date	Business name			Amount
	Business address; City; State; Zip Code			(\$)
required.)	ment (See Instructions regarding type of Information of Texas, complete Schedule T)	•• Complete Candidate / Officehol	if direct expenditure der name	to benefit C/OH ·· Office sought Office held
Date	Business name			Amount (\$)
	Business address; City; State; Zip Code			
Purpose of payr required.)	nent (See instructions regarding type of Information	Complete Candidate / Officehole	if direct expenditure der name	to benefit C/OH ** Office sought Office held
(If travel outside	of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES	OF THIS FORM A	S NEEDED	

Date

Date

Payee name

Payee name

Payee address;

Payee address;

City; State; Zlp Code

City; State; Zlp Code

Purpose of expenditure (See instructions regarding type of information required.)

Purpose of expenditure (See Instructions regarding type of Information required.)

Θ	xas Ethics C	Com	mission	P.O. Bo	x 12070	Austin,	Texas	78711-2070	(512) 463	3-5800	1-800-325-8506
	NON-P							IONS		s	CHEDULE
	The Instruc	tion	Guide expl	lains how	to complete	this form			1 Total pages Sche	edule I:	
2	FILER NAME 3 ACCOUNT # (Ethic						hics Commis	sion filers)			
1	Date	6	Payee nam Payee addr	ess;	City; Stat			information requ	uired.)	8	Amount (\$)
	Date Payee name Payee address; City; State; Zip Code Purpose of expenditure (See Instructions regarding type of Information required.)						Amount (\$)				
	Date		Payee name,	ess;	City; State		11 101111	information requ	ired.)		Amount (\$)
		٠									

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Amount (\$)

Amount (\$)

CREDI	ΓS (optional)		SCHEDULE K				
The Instruc	The Instruction Guide explains how to complete this form.						
2 FILER NAM	FILER NAME 3 ACCOUNT # (Ex						
4 Date	5 Payor name		8 Amount (\$)				
	6 Payor address; Clty; State; Zip Code						
	7 Reason for credit						
Date	Payor name		Amount (\$)				
	Payor address; City; State; Zip Code						
	Reason for credit						
Date	Payor name		Amount (\$)				
	Payor address; City; State; Zlp Code						
	Reason for credit						
Date	Payor name		Amount (\$)				
	Payor address; City; State; Zip Code						
	Reason for credit						
Date	Payor name		Amount (\$)				
	Payor address; City; State; Zip Code						
	Reason for credit						
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED					

IN-KIND CO FOR TRAVE				EXPEND	ITURE	SCHEDULE T
The Instruction	Guide expla	alns how to comp	lete this form.		1 Total pages Schedule	T:
2 FILER NAME					3 ACCOUNT # (Ethic	s Commission filers)
4 Name of Contributor /	Corporation	or Labor Organizati	ion / Pledgor / Payee	}	Levinore and the second se	
5 Contribution / Expendi	iture reporte	d on:			***************************************	AND THE RESERVE OF THE PROPERTY OF THE PROPERT
Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	redule H	Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
6 Dates of travel	7 Name o	of person(s) traveling	9	CATTLES LA GOLDANIA MAN BOLLANDA LA LA CATALLA LA CAT		
	8 Departu	ire city or name of d	eparture location			
	9 Destina	tion city or name of	destination location	шин шин шан шан шан шан шан шан шан шан шан ша	NETS HER CETT AND SCHOOL AND AN APPLICATION AND AN APPLICATION AND APPLICATION APPLICATION AND APPLICATION AND APPLICATION AND APPLICATION APP	
10 Means of transportation	on	11 Purpose of trav	vel (Including name o	of conference, se	minar, or other event)	· · · · · · · · · · · · · · · · · · ·
Name of Contributor / C	Corporation o	r Labor Organizatio	on / Pledgor / Payee			
Contribution / Expenditu	re reported	on:		Annual contract the contract of		
Sch	A elube	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	edule H	Schedule N	COH-UC	Сон-т	PAC-C	PAC-E
Dates of travel	Name of p	person(s) traveling			bert belger was a second of the second of th	
	Departure	city or name of depa	arture location			
	Destination	n city or name of de	stination location			
Means of transportation		Purpose of travel	l (including name of c	conference, semi	nar, or other event)	
Name of Contributor / C	corporation o	r Labor Organizatio	n / Pledgor / Payee	The second secon		
Contribution / Expenditu	ure reported	on:				
Sche	edule A	Schedule B	Schedule C	Schedule i	D Schedule F	Schedule G
Sche	edule H	Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of p	erson(s) traveling				
	Departure of	city or name of depa	irture location			
	Destination	city or name of des	itination location			
Means of transportation		Purpose of travel	(including name of o	conference, semir	nar, or other event)	
		ATTACH ADDITIO	ONAL COPIES OF	THIS FORM AS	NEEDED	